



City or Town:	HAM	1DEN			
Type of By-pass	•		Cause of		
Raw Sewage Disinfected F Partially Trea Disinfected F Sludge Spill Other:	Raw Sewage	/age	* 'X	Weather Conditions Mechanical Equipmen Electric Utility Failure Electrical Equipment F Approved Shutdown Limited Capacity:	Pailure
Location of Bypass Treatment Plant	LateralBasemen	nt_ '	Greas <u>* Genc</u>	of sewer line due to: seRoots vator Failure to Hurricar	(Arch St)
Exact Location of By-Pa	ass: <u>22</u>	Warner	<u>St -</u>	Ham den	
Date and Time By-Pass	was Discovered:	8/29/11		11:45 AM	······
Date and Time By-Pass	was Stopped	8/29/11		1:00 pm	
By-Pass was Disco	overed:	Homeon	wner 1	called	
Quantity/Volume of By	-Pass: Unk	vown			
How Quantity/Volume	was Determined:	N/A			
If Equipment Failure, da	ate of last inspection, m	naintenance or repa	airs	8/26/11	
Receiving Waters (If A _I	oplicable)	NA			THE PARTY AND A STATE OF THE PARTY AND A STATE
Steps taken to minimize	j	of By-Pass: restore ρ	Hook	up portab.	<u>/e</u>
Action taken to eliminar Prytable	te By-Pass: GMEVa Jov	Reinstati	= powe	er to statio	n with
Steps taken to prevent re	ecurrence of By-Pass:	Rep	air ge	enerator o	Arch St.
Was area of By-Pass cle Wethod Used:	eaned of debris? Pro-kleen	<u> </u>	xtinct	No + SANITIZE	7
Date of Last Blockage_	Back up_	Surcharge	at tl	nis location	TOTAL TAKEN

1			
Date/Time		BY-PASS NOTIFICATION LOG	
Date	Permittee	e shall notify DEP within 2 hours of becoming aware of the bypass a report within 5 days.	and shall submit
Date	111114	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*	
		* If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	ı at:
		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	
		DO NOT LEAVE VOICE MAIL MESSAGES	
		Name of person contacted**	
		** Remind dispatch to notify Aquaculture if after hours/weekend	
		CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
		*** Required only if by-pass is below Interstate Route 95***	
		*** After hours / weekends call Kristin Frank @ (203) 209-4023 (Alissa Dragan (203) 383-0377	Or The state of th
8/29/ × 1:22	(1	SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	
×1:22	om	CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Monday
8/29/11		thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Mid Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted	Bristol Cheshire
1:30 om		CT Dept. of Public Helath (860)509-7296 (Recreation Section)	
8/29/1		notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30. Joe Mitchell Name of person contacted	RWA-Hamden 401-2630
•			(203) 946-8173 NH+EH
x 1:27	m	Local Health Department or Regional Health District	(0) (1) (000) 0 (0)

onal Health District QVHD (203) 248-4528 Meoka 8/29/11 Name of person contacted Hamden only Health Director of Contiguous Towns (Costal Plants Only) or 1. East Shore Health Health Director of Town Downstream (Inland Plants) (203) 481-4233 Paul Kowalski - VM Name of person contacted 2. West Haven Health Eric Triffin (203) 937-3660 Date Time 8130 Fax to CT DEP, Iliana Ayala (860) 424-4067 12:46 Fax to CT Aquaculture (203) 783-9976 (If south of 195) Fax to Local Health Department or Regional Health District (203) 946-6509 fax (203) 483-6894 fax

Title: Coll Manager

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Signature:

Cultory Froils

Date: 8/29/11





y or Town	: <u>H</u>	AM	PEN		,			
Di Pa Di Sh Or cation of By Tr Pu M	nw Sewage sinfected Raw Sewage rtially Treated Sewage sinfected Partially Treated Raw udge Spill ther:	····		Grease	Weather Conditions Mechanical Equipm Electric Utility Fails Electrical Equipmen Approved Shutdown Limited Capacity: f sewer line due to:	ent Failur ure ut Failure u Other:	_dry v _wet v	weather weather
cact Location	on of By-Pass:	22	Warner	St -	Hamden			_
ate and Tim	ate and Time By-Pass was Discovered: 8/29/11 11:45 Am							
nd Tim	e By-Pass was Stopped		8/29/11		1:00 pm			
ow By-Pass	was Discovered:		Howeon	oner c	Alled	·····		_
uantity/Volu	ume of By-Pass: //	nkn	own					-
ow Ouantity 08/30/201	/Volume was Determined: 1 12:48 2034665287		NIA	CH2MHILL	3			P.001
	*	***	******************************	TX REPORT	***			
JOB NO.	MODE	NO.	DESTINATI	ON TEL/ID	START TIME	PAGE		RESULT
0794	TX ECM	001			08/30 12:44	002	ок	00'36
	TX ECM	002	91860424406 CT AQUACULT 92037839976	URE	08/30 12:46	002	ок	00'27
	TX ECM	003		H DEP	08/30 12:47	002	ок	00'27





City or Town: New Haven	
Type of By-pass	Cause of By-Pass
Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other:	Weather Conditions Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity: dry weather
Location of Bypass Treatment Plant Pump Station Manhole Lateral Basement Main Private	Blockage of sewer line due to:
Exact Location of By-Pass: Long Whon f dr	ive, New Haven
Date and Time By-Pass was Discovered: 7/21/11	8:30 Am
Date and Time By-Pass was Stopped 7/21/11	9:00 Am
row By-Pass was Discovered: Manage	er discovered event
Quantity/Volume of By-Pass: estimated	1000 gac.
How Quantity/Volume was Determined: estimat	ted using SCAPA
If Equipment Failure, date of last inspection, maintenance or rep	airs <u>W/A</u>
Receiving Waters (If Applicable) New H	aven Harbor
Steps taken to minimize volume and duration of By-Pass:	Ran generator
Action taken to eliminate By-Pass: Ran Part State + Union pump State	Pertable generator 10
Steps taken to prevent recurrence of By-Pass: feed to 54	etnery utility repaired
yes Yes	No
Method Used:	
Date of Last Blockage Back up Surcharge	at this location

		BY-PASS NOTIFICATION LOG	
.Date	Permittee	shall notify DEP within 2 hours of becoming aware of the bypass a report within 5 days.	and shall submit
7/21/11	10:55 AM	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	April 1
		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	TO CIDER
7/21/11	10:58	Name of person contacted** ** Remind dispatch to notify Aquaculture if after hours/weekend CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
	AM	*** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 (Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Zifa Name of person contacted	or
N	A	CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Monday
		thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Mid Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted	Bristol, Cheshire,
7/21/11	11:05 AM	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.	RWA-Hamden 401-2630
7/21/11	11:06 AM	Local Health Department or Regional Health District Paul Kowalski Name of person contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
7/21/11		Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants) Name of person contacted	1. East Shore Health (203) 481-4233 2. West Haven Health
Date	Time		Eric Triffin (203) 937-3660
7/25		Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195)	
		Fax to Local Health Department or Regional Health District QVHD Wdbg+Hamder	(203) 946-6509 fax (203) 483-6894 fax 1 (203) 248-6671 fax

Report Submitted by: Anthony Florico Title: Coll Manager Signature: Outhony Fronts Date: 7/21/11





ty or Town	n: New	11	aver				
P P S C C Ication of B	Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Rav Sludge Spill Other: ypass reatment Plant ump Station	· .	Blockage of	Weather Condition Mechanical Equipt Electric Utility Fail Electrical Equipme Approved Shutdow Limited Capacity: sewer line due to: Roots	ment Failt lure mt Failure	_dry wet	weather weather
sact Location ate and Time	Manhole Lateral Bandain Private on of By-Pass: Low ne By-Pass was Discovered: ne By-Pass was Stopped s was Discovered:		houf drive, N 1/21/11 1/21/11 Manager Lisco	8:30 A	m.		
ow Ouantity	ume of By-Pass: y/Volume was Determined: 1 08:16 2034665287			gac, ing 801	4PA		- - - P.001
	*	***	**************************************	***			1.001
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	Γ	RESULT
0608	TX ECM	001	CT DEP	07/25 08:12	00.2	ок	00'35
	TX ECM	002	918604244067 CT AQUACULTURE 92037839976	07/25 08:14	002	ок	00'27
	TX ECM	003	QUINN HEALTH DEP 92032486671	07/25 08:15	002	ок	00'28





City or Town: HAMDEN	
Type of By-pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Manhole Lateral Basement Main Private	Cause of By-Pass Weather Conditions Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity:
Exact Location of By-Pass: 90 ELMZ2 AVE	
Date and Time By-Pass was Discovered: 5/5/11	2:15 Pm
Date and Time By-Pass was Stopped 5/5/1,	2:15 Pm 3:00 Pm
HOBy-Pass was Discovered:	Called IT IN.
Quantity/Volume of By-Pass: LESS THAN 20 GAIL	ons
How Quantity/Volume was Determined:	EST) MATE
If Equipment Failure, date of last inspection, maintenance or repa	airs
Receiving Waters (If Applicable)	·
Steps taken to minimize volume and duration of By-Pass:	LET SANITAM, SEWER
Action taken to eliminate By-Pass: JET SANITAN	y SEWER
Steps taken to prevent recurrence of By-Pass:	JETTING of SANITAMY SEWER
Warea of By-Pass cleaned of debris? Yes Method Used: Yes	No
Date of Last Blockage Back up Surcharge	at this location

/ 10	ate/Time	BY-PASS NOTIFICATION LOG	
	Date	Permittee shall notify DEP within 2 hours of becoming aware of the bypass a written report within 5 days. Time	and shall submit
		* If Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	on at:
		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	call to
	N/A	*** Remind dispatch to notify Aquaculture if after hours/weekend CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 Alissa Dragan (203) 383-0377	A MIC
	,	SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	
5/5	1	thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Mid Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock HAZRA RAJBALL: Name of person contacted CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.	Monday Bristol, Cheshire, dletown, North Haven, 3;35 fr. GACE RWA-Hamden 401-2630
5-/5	11) 2	30 Pm Local Health Department or Regional Health District (VHD - MIOKKA Name of person contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
5/5/ 5/5/ Date))	Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants) RIFA/A/EX Name of person contacted CARLA me	1. East Shore Health (203) 481-4233 2. West Haven Health Eric Triffin (203) 937-3660
		Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195) Fax to Local Health Department or Regional Health District	(203) 946-6509 fax
	Submitte	QVHD Wdbg+Hamden	
Signatı	ire:	Culhory fronts Date: 5-6-11	





City or Town: HAMDEN			
Type of By-pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sesuage Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Manhole Lateral Basemed Main Private	_	Cause of By-Pass Weather Conditions Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity: dry we wet we Blockage of sewer line due to: Grease Roots Other:	
Exact Location of By-Pass: 45	FOURTH ST 1	HAMDEN	1
Date and Time By-Pass was Discovered:	3/27/11	9:10 pm	
Date and Time By-Pass was Stopped	3/27/11	9:45 Pm	
How By-Pass was Discovered:	HOMEONNER	CAMIED IT IN	
Quantity/Volume of By-Pass:	THAN 100 GKMO) NE	
How Quantity/Volume was Determined: . 25" (.0208') x 24 x 24 x 7.48	FIELD ESSIMAT	rs by crew	
If Equipment Failure, date of last inspection,	,	•	
Receiving Waters (If Applicable)	N/A		
Steps taken to minimize volume and duration	of By-Pass:	JET SANITARY SEWER	
Action taken to eliminate By-Pass:	JET SANITAM	Sewer	
Steps taken to prevent recurrence of By-Pass:	fm Je	TTING OF SANITAM SEWER	
' area of By-Pass cleaned of debris?	X Yes	No	
Method Used: PRO LIE	AN		
Date of Last Blockage Back up	Surcharge	at this location	

BY-PASS NOTIFICATION LOG Date/Time Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days. Date Time CT DEP - Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704 CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES Name of person contacted** ** Remind dispatch to notify Aquaculture if after hours/weekend CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted 3/28/11 345 AM CT Dept. of Health (860) 509-7333(Drinking Water Section) -Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock LAVERNE Name of person contacted 10:16 8~ CT Dept. of Public Helath (860)509-7296 (Recreation Section) $M \otimes m$ notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 RWA-Hamden through September 30. 401-2630 Name of person contacted (203) 946-8173 NH+EH 10:10 (M Local Health Department or Regional Health District 4 QVHD (203) 248-4528 OVHO - MEHALE Name of person contacted Hamden only 10:12 Pro Health Director of Contiguous Towns (Costal Plants Only) or 1. East Shore Health 10:14 (Health Director of Town Downstream (Inland Plants) (203) 481-4233 1) GENERAL MAIL BOX MESSAUR Name of person contacted 2. West Haven Health MAYCEEN DEWIS - METSAGE Eric Triffin (203) 937-3660 Time

Date 11.5 70M Fax to CT DEP, Iliana Ayala (860) 424-4067 3-28 1158 Fax to CT Aquaculture (203) 783-9976 3-28 (If south of 195) 59 m Fax to Local Health Department or Regional Health District 3-28

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Title: Collections 1

Signature:

Date:



City or Town:

STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION WATER MANAGEMENT BUREAU



BY-PASS REPORT FORM

EAST HAVEN

Type of By-pass	Cause of By-Pass
Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill	Weather Conditions Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity: dry weather
Other: Location of Bypass Treatment Plant Pump Station Manhole Lateral Basement Main Private	Blockage of sewer line due to: GreaseRootsOther:
Exact Location of By-Pass: 22 VISTA DR E	AST HAVEN
Date and Time By-Pass was Discovered: 12/2/13	6:20 Pm
Date and Time By-Pass was Stopped 12/1/13	6:20 Pm 6:50 Pm
By-Pass was Discovered: EAST NAVE	N POLICÉ CALLED IT IN
Quantity/Volume of By-Pass: 100 Gallows	·
How Quantity/Volume was Determined: FIELD ESTI	MATE BY CREW
If Equipment Failure, date of last inspection, maintenance or r	epairs N/n
Receiving Waters (If Applicable)	·
Steps taken to minimize volume and duration of By-Pass:	JET SANITARY SEWER
Action taken to eliminate By-Pass: JET SAN	ITAMY SEWER
Steps taken to prevent recurrence of By-Pass:	JETTING OF SANITARY SEWER
W ⁻ √area of By-Pass cleaned of debris? ✓ Yes	No
Method Used: Clew WASHED DOWN THE R	COAD - NO DEBRIS TO COLLECT.
Date of Last Blockage Back up Surchar	geat this location

7	/ Data/Time		BY-P	ASS NOTIFIC	ATION LO	Gr.	
/-	Date/Time	a written	e shall notify DEP report within 5 day	within 2 hours of	f becoming a	ware of the bypass a	and shall submit
	Date N/A	Time	CT DEP – Iliana * If Iliana Ayala (860) 424-3704	Ayala (860) 42 is not available	4-3758 (Prin , call Munici	nary DEP Contact)* pal Facilities Section	ı at:
	12/2/13	6:58 Pn	_ CT DEP (860) 4 DO NOT LEAV	24-3704 [(860) ⁄ E VOICE MA	424-3333 aft IL MESSAC	er hours dispatch] GES * CASE # 7	2013-06405
•			# 203		_Name of pour acculture if a	erson contacted** offer hours/weekend	
	12/2/13	7:011	*** Required on *** After hours / Alissa Dragan (2	ly if by-pass is b weekends call I 203) 383-0377	elow Intersta Kristin Frank	@ (203) 209-4023	or
			SPEAR TO SU	MEONE / DO P		E A MESSAGE*** rson contacted	
	/A		Danbury, Gosher	o 5PM if bypass n, Groton, <u>HAM</u>	-7333(Drinki occurred in <u>DEM</u> , Manche mford, Verno	ng Water Section) - the following towns: ester, Mansfield, Mid on and Woodstock	Monday Bristol, Cheshire, dletown, North Haven,
	N/A	•		⁷ ri 8:30-5:00 pm	- 09-7296 (Re if bypass oc	rson contacted creation Section) curred from April 1	N/A RWA-Hamden 401-2630
	12/2/13	7:03 P	Jocal Health Der Aul Howarsh	artment or Regi - Nessacce	onal Health I Name of pe	District son contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
(A)	12413	7:07 Pm	Health Director of Health Director of Health Director of Hail But Annew Lewis	f Town Downstr	eam (Infand	Plants)	 East Shore Health 481-4233 West Haven Health Triffin
	Date	Time	E . om nen				(203) 937-3660
			Fax to CT DEP, I Fax to CT Aquac Fax to Local Heal	ulture (203) 783	-9976 (or Regional H		(203) 946-6509 fax (203) 483-6894 fax (203) 248-6671 fax
	Report Submi	tted by:	An Hory	FIORILLO	Title:		
	Signature:		atroni	llo	Date:	<u>Coll, M.</u> 12/3/13	





ty or Town	: EAST HA	VEN				,	
Die Pa	aw Sewage isinfected Raw Sewage artially Treated Sewage isinfected Partially Treated Raw ludge Spill other: ypass reatment Plant ump Station lanhole Lateral Base lain Private	ement		Weather Conditions Mechanical Equipme Electric Utility Failu Electrical Equipmen Approved Shutdown Limited Capacity: Sewer line due to: Roots	ent Failure re t Failure	_dry w	cather reather
and Time	ne By-Pass was Discovered: ne By-Pass was Stopped s was Discovered:	12	12/13 12/13 ST HAVEN POLICE COL	6:20 Pm 6:50 Pm			. w
	y/Volume was Determined:	O GA	A.	EW			P. 001
	:	***	**************************************	***			
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE		RESULT
4416	TX ECM	001	CT AQUACULTURE	12/04 12:30	002	ок	00'27
	TX ECM	002	92037839976 CT DEP 918604244067	12/04 12:31	002	ок	00'29
	TX ECM	003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	ок	00'29





City or Town: EAST HAVEN	
Type of By-pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Main Private Basement Main Private	Cause of By-Pass Weather Conditions Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity:dry weather wet weather Blockage of sewer line due to: GreaseRootsOther:
Exact Location of By-Pass: Date and Time By-Pass was Discovered: Date and Time By-Pass was Stopped 1. J By-Pass was Discovered: EAST	1/13 6:20 Pm Hour
Quantity/Volume of By-Pass: 100 Gallow How Quantity/Volume was Determined: FIELD	ESTIMATE BY CREW
If Equipment Failure, date of last inspection, maintenant Receiving Waters (If Applicable) Steps taken to minimize volume and duration of By-Pa	
Action taken to eliminate By-Pass:	SANITAMY SEWER
Steps taken to prevent recurrence of By-Pass: Was area of By-Pass cleaned of debris?	PM JETTING OF SANITARY SEWER Yes No
	Surcharge at this location

	Date/Time	BY-PASS NOTIFICATION LOG	
· · ·		Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days. Time	
	N/A	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section at:	
	10/0/0	(860) 424-3704	
Q	12/4/3	6:58 f CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES # 2013-06465	
equire		** Remind dispatch to notify Aquaculture if after hours/weekend	
ď	12/2/13	7:01 PLCT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
2 Hours Notification Required		*** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	, Į
<u>o</u>		Name of person contacted	
r N	N/A	CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday	
2 Hou		thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, MANDEN, Manchester, Mansfield, Middletown, North Haven Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted	, —
	- N/A	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30. RWA-Hamden 401-2630	
		Name of person contacted	J
··· · · · · · · · · · · · · · · · · ·	12/2/13	7:03 Procal Health Department or Regional Health District QVHD (203) 946-8173 NH+E QVHD (203) 946-8173 NH+E QVHD (203) 946-8173 NH+E Aul Librarch: - Nessace Name of person contacted Hamden only	
9	12/2/13	Health Director of Contiguous Towns (Costal Plants Only) or 1. East Shore Health	-
© days	12/4/13	1.01 Pm Health Director of Town Downstream (Inland Plants) (203) 481-4233 O GENERAL HALL BOX NESSAGE Name of person contacted 2 West Haven House	
iliai keport within 5	Date Ti	me Eric Triffin (203) 937-3660	
₹		Fax to CT DEP, Iliana Ayala (860) 424-4067	
חסנ		Fax to CT Aquaculture (203) 783-9976 (If south of 195) Fax to Local Health Department or Regional Health District (203) 946-6509 fax	
ا ا		(203) 483-6894 fax QVHD Wdbg+Hamden (203) 248-6671 fax	
<u>ק</u>	Report Submitte	Anthony Froncia Title: Coll, Manager Otropollo Date: 12/3/12	
L	Signature:	atronto Date: 12/3/12	





ity or Town: HAMDEN	
ype of By-pass	Cause of By-Pass Weather Conditions
Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill	Mechanical Equipment Failure Electric Utility Failure Electrical Equipment Failure Approved Shutdown Limited Capacity:dry weather wet weather
Other: ocation of Bypass Treatment Plant Pump Station Manhole Lateral Basement	Blockage of sewer line due to: X Grease X Roots Other:
Main Private 96 STANLEY	RD HAMDEN
Date and Time By-Pass was Discovered: 4/15/13	7:15 Pm
Date and Time By-Pass was Stopped 4/15/13	7:40 Pm
How By-Pass was Discovered: Hamben	PD CALLED IT IN
Quantity/Volume of By-Pass: LESS THOW SO GA	x 110NS TO ROAD SURFACE
	TIMBER BY CREW
How Quantity/Volume was Determined: FIELS ES	TIMATE BY CREW
How Quantity/Volume was Determined: FIELS ES	repairs
How Quantity/Volume was Determined: FIELS ES If Equipment Failure, date of last inspection, maintenance or Receiving Waters (If Applicable)	repairs
How Quantity/Volume was Determined: If Equipment Failure, date of last inspection, maintenance or Receiving Waters (If Applicable) Steps taken to minimize volume and duration of By-Pass:	repairs Brook
How Quantity/Volume was Determined: If Equipment Failure, date of last inspection, maintenance or Receiving Waters (If Applicable) Steps taken to minimize volume and duration of By-Pass: Action taken to eliminate By-Pass:	repairs Brook JET SANITAMY SEWER
How Quantity/Volume was Determined: If Equipment Failure, date of last inspection, maintenance or Receiving Waters (If Applicable) Steps taken to minimize volume and duration of By-Pass: Action taken to eliminate By-Pass: Steps taken to prevent recurrence of By-Pass:	TIMBLE BY CREW Trepairs DROOK JET SANITARY SEWER INITARY SEWER OM JESTING OF SANITARY SEWER NO
How Quantity/Volume was Determined: If Equipment Failure, date of last inspection, maintenance or Receiving Waters (If Applicable) Steps taken to minimize volume and duration of By-Pass: Action taken to eliminate By-Pass: Steps taken to prevent recurrence of By-Pass:	repairs Brook JES SANITAMY SEWER INISAMY SEWER ON JESSING OF SANITAMY SEWER

BY-PASS NOTIFICATION LOG

[/]	Date/Time								,	
					hours of	becoming awa	re of the bypa	ass and	shall submit	
	5 -4-	a written re	port within	5 days.						
	Date	Time	CT DEP	Iliana Avala	(860) 424	-3758 (Prima	v DEP Conta	ict)*		
				-		call Municipa				
			(860) 424-3	•	.,,,	, , , , , , , , , , , , , , , , , , ,				
									17'54	
	4/15/13					24-3333 after		:h]	13-1	
ס	. "		DO NOT I	<u>LEAVE VO</u>	ICE MAI	L MESSAGI	<u>ZS</u>	\mathcal{V}	13-1734	
<u>.</u>			#	212		Name of pers	son contacted			
고		-	** Remind	dispatch to	notify Aqu	aculture if aft				
ě	. 1.									
	NA		-			74 0696 *** (
ō	,					elow Interstate Kristin Frank (13/
ati				nours / weeke agan (203) 31		ansum Frank (<i>uj</i> (203) 209-2	FU23 UI		
ijC.				-		OT LEAVE	A MESSAG	E***		
)tii			DI EMEL I	O DOMESON	1,2,7,2,0,1		son contacted			
Hours Notification Required ★	1 .	•				-			÷	
so of	4/16/13		CT Dept. o		` '	-7333(Drinkin		•	Monday	
5 7	' <i>', '</i> I		thru Friday	/ 8:30 to 5PN Goshen, Gro	/lifbypass	occurred in the	ie tollowing to ster. Mansfield		Bristol, Cheshire, etown, North Hav	
웃						mford, Vernor				
N			LAVE				son contacted		14/18/13	8:19
		41. A.							1 11/2	
*	4/16/13	11:084~				509-7296 (Red			RWA-Hamde	
·			-	n thru Fri 8:3 eptember 30.		if bypass occ	urrea irom A	pru i	401-2630	11
				HMITUHEL		Name of per	son contacted	Į	40, 2000	
		_	J08401	H On C	,	m			(203) 946-8173 NF	1+EH
	4/18/13	8:11 /2	Local Hea	Ith Departme	ent or Reg	ional Health I	District	(,	QVHD (203) 248-4	528
		filter	QUHD -	, MESSAGE	2	Name of per	son contacted	Į Ī	Hamden only	
🔿	11 1	0					Dlante Ontri) e)t	1. East Shore He	ealth
\$ (i)	4/15/13					owns (Costal l		-	(203) 481-4233	Zaitii
<u>ra</u> ⊕	4/16/13		Col ward	I Mail Bi	OR Massa	tream (Inland Name of per	son contacted	d :	2. West Haven F	lealth
ro O		(2)	MAUREE	LEWN- W	BUNGS	<u>.</u>		!	Eric Triffin	
<u>C</u>		_						i	(203) 937-3660	
#	Date 4-18:13	Time 0738	Fax to CT	`DEP, Iliana	Avala (86	0) 424-4067		-		
⋛	4.18.13	0740	-	`Aquaculture			If south of 195	5)		
	4-18-13	0741		^	• ,	or Regional H	lealth District	į.	(203) 946-6509 f	ax
o <u>d</u>			•			_			(203) 483-6894 f	
Re				, , _		Q'	VHD Wdbg+h	ıamden	(203) 248-6671 f	аX
Final Report within 5 days ©©	Report Sub	mitted by:	A.F	-10 RILLA	<i>j</i>	Title:	Coll	Mc	ruagen	
i una	Signature:		al	Tudus	Clo	Date:	4-1	8-13	,)	





ty or Town:	1-1 Ambe	EN						
pe of By-pa	lss			Cause of By-	Pass Teather Conditions			
	cw Sewage sinfected Raw Sewage			M	Techanical Equipms lectric Utility Failu		;	
	rtially Treated Sewage				lectrical Equipment			
	sinfected Partially Treated Raw	Sewago			pproved Shutdown			
	udge Spill			L	imited Capacity:			eather
	her:			Till	ewer line due to:		wet w	cather .
cation of By	pass catment Plant			X Grease	Roots	Other:		, •
	mp Station							
	-	ment						
M	ajn Private							
V-1	Λ	مديد و	#_ # . #*. * **	. 4	1			
xact Locatio	on of By-Pass: 9	0 57	ANLEY RO	HAMO	EN	<u>`</u>		-
		ارد	1. Alim		m . 2 m D .			
ate and Tim	ne By-Pass was Discovered:	4	(18/13		7:15 Pm			
		4	· Low Low		7:40 Pm			
ow and Tim	ne By-Pass was Stopped		1/15/13	<u>.</u>	1.10 Fm			
		. //	AMDEN PD	Calles	15 IN			
low By-Pass	was Discovered:	<u> </u>	ANDEN FU	C-4//C-				u
							**************	•
hiantity/Vol	ume of By-Pass:	THON	50 GR/10NS	To Rose	Surfice			_
tummed, 10%		<i>k</i> 7				.,		-
		· · · · · · · · · · · · · · · · · · ·						
	y/Volume was Determined:	FI	ELS F.STIMAT		EW_			- D 001
04/18/201	3 07:42 2034665287		Ch	12MHILL			·····	P.001
	*	*****	******	********	*****			
		**	BROADCAST TX		* * *			
	*	*****	***********	*********	*****			
×0.55 1.70	26000		T promise minor	I MELL AT D	CONTROL COLLEGE	DAGE	Т	mmaritan
JOB NO.	MODE	NO.	DESTINATION	(TEL/ID	START TIME	PAGE		RESULT
3600	TX ECM	001	CT DEP		04/18 07:38	002	OK	00'31
***************************************	TX ECM	002	918604244067 CT AQUACULTUR	RE	04/18 07:40	002	ок	00'28
	I Bom	~~**	92037839976				1	
	TX ECM	003	QUINN HEALTH	DEP	04/18 07:41	002	ок	00'38
			92032486671	******		<u> </u>	1	

GNHWPC

Work Order COLL-46473

Collections Printed 12/17/2013 - 8:35 AM (Duplicate Copy)

Maintenance Details

Requested By: KEN MYERS on 7/4/2011

5:58:00 AM

Problem:

Sewage out of MH

(SEWAGE_MH)

Procedure:

Backup Response (BACKUP_RESPONSE)

Shop:

Nasse, Rich

Supervisor: OMI 🏶 Hamden **HDCUSTOM**

2572 DIXWELL AVE (HDCUSTOM-

013251)

Lesponse 7 lhe

EN MYERS 103) 466-5260

Reason: Sewage out of MH SEWER COMMING THOOGH MAN HO	ഥ.
BOUND LANE ON DIXWELL AVE NEAR SCHOOL K.M	

۱	Warranty
---	----------

Shutdown

T Attach

1 .	Charg	
1 :	1 ./1-4//	14
Contract to	CHAIC	١,

Task	S		CALCADO VALORAMINA CAR	
#	Description	Initials	Failed	Complete
FOLL	OW TRAFFIC CONTROL PROCEDURES			
10	Arrive at location. Follow safety procedures!	RN		<u> </u>
20	Check main line in street to verify if flowing.	RN		<u> </u>
FOLL	OW CORRECT MANHOLE LIFTING PROCEDURE			
30	Jet line, opening up and downstream manhole covers.	RN	_ <u> </u>	
40	If available, notify homeowner/business owner of the current conditions.	RN	Li	
50	Record all information on work order and report back to supervisor.	RN		
60	HSL05P0275 [HSL05P0275] HSL05P0275	RN	П	<u>IV</u>

Γ	Labor							***************************************
	Labor	Account	Work Date	Start	End	Reg Hrs	OT Hrs	Other Hrs
	Nasse, Rich	01.1400.000.5015	7/6/2011	_		4	0	0
1								

Labor	Re	oa	rt	
-------	----	----	----	--

7/4/2011 10:44:00

Completed: AM

Failure: GREASEBLK / Grease Blockage

Report: CREW CHECKED THE CITY LINE, CITY LINE WAS BACKED UP. THE CREW JETTED THE LINE AND RESTORED FLOW. THE CREW ESTIMATED THAT LESS THAN 5

GALLONS HAD SPILLED ONTO THE PAVEMENT. THE CREW USED THE COMBO TRUCK TO VAC UP THE WATER AND

WASHED DOWN THE EFFECTED AREA.





City or Town: HAMDEN	
Type of By-pass	Cause of By-Pass
	Weather Conditions
★ Raw Sewage	Mechanical Equipment Failure
Disinfected Raw Sewage	Electric Utility Failure
	Electrical Equipment Failure
Partially Treated Sewage	
Disinfected Partially Treated Raw Sewage	Approved Shutdown
Sludge Spill	Limited Capacity:dry weat
Other:	wet weat
ocation of Bypass	Blockage of sewer line due to:
Treatment Plant	★ GreaseRootsOther:
Pump Station	
★ Manhole Lateral Basement	1
Main Private	11 Non Scaling
	MI PORTE 2014 00 1
Exact Location of By-Pass: IN FRONT of	MIDDLE SCHOOL 2565 DIXWELL AVE - HAMDEN HIGH
Date and Time By-Pass was Discovered: 7/4	111 9:30 Am
sate and This 25 years may 25 1500 referen	
Date and Time By-Pass was Stopped 74/	10:15 Am
How By-Pass was Discovered:	INT CALLED IT IN
Quantity/Volume of By-Pass: LESS THAN 5 How Quantity/Volume was Determined: FIELD	ESTIMATE BY CREW
If Equipment Failure, date of last inspection, maintenance	e or repairs
Receiving Waters (If Applicable)	
Steps taken to minimize volume and duration of By-Pass	JET SANITARY SEWER
Action taken to eliminate By-Pass: \(\sum_{ET} \)	ANITARY SEVER
Steps taken to prevent recurrence of By-Pass:	PM JETTILL OF SANITARY SEWER
r area of By-Pass cleaned of debris?	Yes No
Method Used: CREW WASHED & VAC	ES AROUND MH.
Date of Last BlockageBack upSu	rchargeat this location





y or Town:	HAMDA	EN					
Disi Pari Dis Slu	v Sewage infected Raw Scwage tially Treated Sewage infected Partially Treated Raw S dge Spill	Sowage	I I	Weather Conditions	e Failure d	lry we	ather ather
Tre Pur Ma Ma	eass eatment Plant on Station	nent	of 2565 DIXWEL	Roots Minds Ave - Ham	Other: A Solar DEN H	od 1617	* ·
te and Time	e By-Pass was Discovered: e By-Pass was Stopped was Discovered:	<u></u> 2) 	14/11 16ENT CALLED IT IN	10:15 Am		A	•
	ime of By-Pass: (£38)	THAN	5 GAllows CH2MHILL	# A-> /			P. 001
	8	: * *	**************************************	***		•	
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE		RESULT
0497	TX ECM	i I	CT DEP	07/06 08:56	002	ОК	00'32
	TX ECM	002	918604244067 CT AQUACULTURE 92037839976	07/06 08:57	002	ок	00'27
	TX ECM		QUINN HEALTH DEP 92032486671	07/06 08:59	002	OK	00'28





ty or Town:	EAST HAV	EN			_		
pe of By-pa	SS		Cause of By-	Pass Veather Conditions_			
Dis Par Dis	w Sewage sinfected Raw Sewage tially Treated Sewage sinfected Partially Treated Raw :	Sewage	M E E A	Mechanical Equipme lectric Utility Failur lectrical Equipment approved Shutdown limited Capacity:	e Failure	ho w	eather
	idge Spill her:		L	mmed Capacity		-	ather
cation of Byr		ment	Blockage of s ** Grease	ewer line due to:Roots	_Other:		***
	inPrivate		•				
. v	. 670 7.3	VISTA T	DR EAST HAVEN				
(act Locatio	n of By-Pass: 22		1	<u> </u>	····,.		•
ate and Time	e By-Pass was Discovered:	12/	2/13	6:20 Pm			
and Time	e By-Pass was Stopped	12/1	1/13	6:20 Pm 6:50 Pm	directorità		
ow By-Pass	was Discovered:	EASS	HAVEN POLICE Call	ED IT IN	·		
uantity/Volu	ume of By-Pass: 0	o Gall	M\$				•
			0				•
ow Quantity 12/04/201	//Volume was Determined: 3 12:33 2034665287	TIE	LD ESTIMATE BY CRU CH2MHILL	<u>i</u> M			P.001
	:	**	**************************************	**			
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE		RESULT
4416	TX ECM	I	CT AQUACULTURE	12/04 12:30	002	ок	00'27
	TX ECM	t t	92037839976 CT DEP	12/04 12:31	002	ок	00'29
	TX ECM	003	918604244067 EASTHAVENHEAL/THDEPT 92034836894	12/04 12:33	002	ок	00'29





City or Town:	EAST HAVE	2N		
Type of By-pass Raw Sewage Disinfected Ra Partially Treate Disinfected Partially Treate Sludge Spill Other: Location of Bypass Treatment Plan Pump Station Manhole Main Priv Exact Location of By-Pass	ed Sewage rtially Treated Raw Se at Lateral Baseme	ent	Cause of By-Pass Weather Condition Mechanical Equipm Electric Utility Fail Electrical Equipme Approved Shutdow Limited Capacity: Blockage of sewer line due to: GreaseRoots	nent Failure ure nt Failure n
Date and Time By-Pass v Date and Time By-Pass v 1. A By-Pass was Discov	vas Discovered: vas Stopped	12/2/13	6:20 Pm 6:50 Pm ouce Calleo IT IN	How WAS VOLUME
Quantity/Volume of By-F		Gallons FIELD ESTIMAT	Е ву спеш	
If Equipment Failure, dat Receiving Waters (If App Steps taken to minimize v	olicable)	N/A	N/A JET SANITARY SEWE	2
Action taken to eliminate	By-Pass:	JET SANITAM	y SEWER	
Steps taken to prevent recovery area of By-Pass clear		Pm Je. Yes	TINL OF SANITARY SED	NER
_	NEW WASHED		- No DEBRIS TO COLLEC	
Date of Last Blockage	Back up	Surcharge	at this location	

Date/Time	BY-PASS NOTIFICATION LOG	
Date	Permittee shall notify DEP within 2 hours of becoming aware of the bypass a a written report within 5 days.	nd shall submit
Late A//	Time CT DEP - Iliana Avala (860) 424 2759 (B.: DEP G	
	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, as Il Marie in a Fig. 1111 and a second of the contact of t	
	* If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	at:
12/2/13	6:58 የ~ CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	013-06405
	DO NOT LEAVE VOICE MAIL MESSAGES	013-001
	# 203 Name of person contacted**	
	Name of person contacted**	
	** Remind dispatch to notify Aquaculture if after hours/weekend	
12/2/13	7:01 PLCT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
	*** Required only if by-pass is below Interstate Route 95***	
	*** After hours / weekends call Kristin Frank @ (203) 209-4023 o	r
	Alissa Dragan (203) 383-0377	•
	SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	
	KRISTIN Name of person contacted	
1/4	CT D	
N/K	CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Monday
,	thru Friday 8:30 to 5PM if bypass occurred in the following towns:	Bristol, Cheshire,
	Danbury, Goshen, Groton, <u>MAMDEN</u> , Manchester, Mansfield, Midd Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	lletown, North Haven,
	Name of person contacted	
1/		I N/N I
<u> </u>	CT Dept. of Public Helath (860)509-7296 (Recreation Section)	"/"
1	notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1	RWA-Hamden
	through September 30.	401-2630
	Name of person contacted	
12/2/13	5 4 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A 5 A	(203) 946-8173 NH+EFF
भर्गा,	7:03 Polyocal Health Department or Regional Health District	QVHD (203) 248-4528
	Aul Howarsh' - HESSAGE Name of person contacted	Hamden only
2/2/13	7:040 — Health Director of Contiguous Towns (C. 11 D. 10)	A. E. J. G.
2/2/13	7:04 Pa Health Director of Contiguous Towns (Costal Plants Only) or 7:07 Pa Health Director of Town Downstream (Inland Plants)	1. East Shore Health
101-112	O GENERAL HAIL BOX MESSAGE Name of person contacted	(203) 481-4233
	2) MAYNEEN LEWIS - HESSINGS	2. West Haven Health Eric Triffin
		(203) 937-3660
Date -	Time	(200) 001 0000
	Fax to CT DEP, Iliana Ayala (860) 424-4067	
<u>,</u>	Fax to CT Aquaculture (203) 783-9976 (If south of 195)	
,	Fax to Local Health Department or Regional Health District	(203) 946-6509 fax
	OVER THE STATE OF	(203) 483-6894 fax
	QVHD Wdbg+Hamden	(203) 248-6671 fax
Report Submi	tted by: Anthony Froncia Title: Coll, Ma	nager
Signature:	OF a later	,





y or Town:	EAST HAV	EN				
Dis Par Dis Slo Off cation of By Tre Pur Ma	w Sewage sinfected Raw Sewage stially Treated Sewage sinfected Partially Treated Raw s adge Spill her:	· · · · · · · · · · · · · · · · · · ·	Blockage of	y-Pass Weather Conditions Mechanical Equipment Fallectric Utility Failure Electrical Equipment Fail Approved Shutdown Limited Capacity: sewer line due to: Roots Ot	ure dry w wet w	cather cather
	e By-Pass was Discovered:	VISTA DR. 12/2/	EAST HAVEN	6:20 Pm 6:50 Pm		_
ow By-Pass	was Discovered:	12/2/1 EAST 1 O GALLON	IAVEN POLICÉ COL			
	y/Volume was Determined:			<i>น</i> ะพ		P.001
	*	** BR	**************************************	***	-	
JOB NO.	MODE	NO. D	ESTINATION TEL/ID	START TIME P	AGE	RESULT
4416	TX ECM	l l	AQUACULTURE	12/04 12:30 0	02 OK	00'27
	TX ECM	002 CT	37839976 DEP	12/04 12:31 0	02 OK	00'29
	TX ECM	003 EAS	6604244067 THAVENHEALTHDEPT 034836894	12/04 12:33 0	02 OK	00'29



Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Disinfected Partially Treated Raw Sewage Electrical Equipment Failure Disinfected Partially Treated Raw Sewage Sludge Spill Other: Disinfected Partially Treated Raw Sewage Sludge Spill Sludge Spill Limited Capacity: Div weather Distinct Capacity: Distin	City or Town: WEN H	AVEN
Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other: Cocation of Bypass Treatment Plant Pump Station Main Private Exact Location of By-Pass: Date and Time By-Pass was Discovered: Way By-Pass was Discovered: Date and Time By-Pass wa	Type of By-pass	Cause of By-Pass
Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other: Other: Disinfected Partially Treated Raw Sewage Sludge Spill Other: Disinfected Partially Treated Raw Sewage Sludge Spill Other: Disinfected Partially Treated Raw Sewage Sludge Spill Other: District Capacity: Wet weather wet weather wet weather Main Private Main Private Main Private Date and Time By-Pass: Date and Time By-Pass was Discovered: Date and Time By-P		
Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other. Other. Other. Disinfected Partially Treated Raw Sewage Sludge Spill Other. Other. Other. Disinfected Partially Treated Raw Sewage Sludge Spill Other. Other. Disinfected Partially Treated Raw Sewage Sludge Spill Other. Disinfected Partially Treated Raw Sewage Sludge Spill Other. Wet weather NO T RECORDING THE PASS WAS Discovered: Date and Time By-Pass was Discovered: Date and Time By-Pass was Stopped Jolis/13 JESTIMATE By WENTERS Date and Time By-Pass HE Spilland By-Pass HE Spilland By-Pass Date and Time By-Pass HE Spilland By-Pass Date and Time By-Pass Date and T	Raw Sewage	
Disinfected Partially Treated Raw Sewage Sludge Spill Other Other Oberion of Bypass Treatment Plant Pump Station Main Private Main Private Stact Location of By-Pass: Other Other Oberion of Bypass Treatment Plant Pump Station Main Private Stact Location of By-Pass: Other Other Oberion of Bypass Treatment Plant Pump Station Main Private Other Ot	Disinfected Raw Sewage	
Sludge Spill Other:	Partially Treated Sewage	
Other: Oceation of Bypass Tratment Plant Pump Station Main Private Manhole Lateral Basement Main Private Exact Location of By-Pass: Other: Other: Other: Pamp Station Main Private Manhole Lateral Basement Main Private Date and Time By-Pass was Discovered: Other:	Disinfected Partially Treated Raw Sewa	<u></u>
Discretion of Bypass Discovered: Disco	Sludge Spill	^ .
Treatment Plant Pump Station Manhole Lateral Basement Manhole State Location of By-Pass: Exact Location of By-Pass: Date and Time By-Pass was Discovered: Date and Time By-Pass was Discovered: Date and Time By-Pass was Stopped Date and Time By-Pass was Discovered: Date and Time By-Pass was Disco		
Pump Station Main Private Exact Location of By-Pass: Date and Time By-Pass was Discovered: WBy-Pass was Discovered: W		Blockage of sewer line due to:
Manin Private Basement Private Record Ding Record Ding Record Ding Private Date and Time By-Pass was Discovered: 10/13/13 9:15 Private Record Ding Date and Time By-Pass was Discovered: 10/13/13 9:38 Private Date and Time By-Pass was Stopped 10/13/13 9:38 Private Date and Time By-Pass was Discovered: 10/13/13 9:38 Private Date and Time By-Pass was Discovered: 10/13/13 9:38 Private Date and Time By-Pass was Discovered: 10/13/13 9:38 Private Date and Time By-Pass was Discovered: 10/13/13 9:38 Private Date of	· 1	A GreaseRootsOther.
Again Private Stract Location of By-Pass: 315 EASTERN ST NEW HAVEN RECORDING RECORDING		
Quantity/Volume of By-Pass: Continue Co		
Quantity/Volume of By-Pass: Continue Co	Main Private	NOT DOT!
Quantity/Volume of By-Pass: Continue Co	County Location of Du Donn	ENGERON CT MEN HOURS RECORDING
Quantity/Volume of By-Pass: Continue Co	Exact Location of By-Pass:	WIJERT ST TVETO PARTER
Quantity/Volume of By-Pass: Continue Co	Nate and Time Ry. Pass was Discovered	10/13/13 9:15 Pm WHEN WES
Quantity/Volume of By-Pass: Continue Co	Date and Time by Pass was Discovered.	17 22 100
Quantity/Volume of By-Pass: Continue Co	Data and Tima By Dass was Stonnad	10/13/13 958Pm 111980>
Quantity/Volume of By-Pass: Continue Co	Date and Time By-rass was Stopped	70/13/13 WALL
Quantity/Volume of By-Pass:	w Ry-Pass was Discovered:	DESIDENT CAPER IT IN.
How Quantity/Volume was Determined: From Property Green Green	- W Dy-1 ass was Discovered.	10 SIDERI CAMED II SEE
Steps taken to minimize volume and duration of By-Pass: Steps taken to minimize volume and duration of By-Pass: Steps taken to eliminate By-Pass: Steps taken to prevent recurrence of By-Pass: Steps taken to prevent recurrence of By-Pass: Was area of By-Pass cleaned of debris? Yes No CDESTING CDES	How Quantity/Volume was Determined:	LIFED ESTIMOTE BY CREW
Steps taken to minimize volume and duration of By-Pass: Steps taken to minimize volume and duration of By-Pass: Steps taken to eliminate By-Pass: Steps taken to prevent recurrence of By-Pass: Steps taken to prevent recurrence of By-Pass: Was area of By-Pass cleaned of debris? Yes No CDESTING CDES	If Equipment Eatlure, date of last inspection, m	aintenance or repairs
Steps taken to minimize volume and duration of By-Pass: Steps taken to minimize volume and duration of By-Pass: Steps taken to eliminate By-Pass: Steps taken to prevent recurrence of By-Pass: Steps taken to prevent recurrence of By-Pass: Was area of By-Pass cleaned of debris? Yes No CDESTING CDES	Tredupment randre, date or last inspection, in	Go BACTO
Action taken to eliminate By-Pass: Ver Shortham Server	Receiving Waters (If Applicable)	ALAS SERON
Action taken to eliminate By-Pass: Ver Shortham Server	receiving waters (if Applicable)	
Action taken to eliminate By-Pass: Ver Shortham Server	Stens taken to minimize volume and duration o	FBV-Pass: CLET SANITARY SEWIR TO S
Action taken to eliminate By-Pass: Sholthing Server Sholthing Server	Otops taken to minimize votame and daration o	300
Steps taken to prevent recurrence of By-Pass: Pro JETRING OF SANITARY, SEWER Was area of By-Pass cleaned of debris? Yes No CDES No		4 (5)
Steps taken to prevent recurrence of By-Pass: Pro JETRING OF SANITARY, SEWER Was area of By-Pass cleaned of debris? Yes No CDES No	Action taken to eliminate By-Pass:	VET SHUTTOMY SEWELL
Was area of By-Pass cleaned of debris? X Yes No	•	The second secon
Was area of By-Pass cleaned of debris? X Yes No		
Was area of By-Pass cleaned of debris? X Yes No Method Used: CREW WASHED SAM AREA WITH Composition Date of Last Blockage A Back up Surcharge at this location	Steps taken to prevent recurrence of By-Pass:	PAN JESTING OF MINITION, SEWER STA
Was area of By-Pass cleaned of debris? X Yes No Method Used: CREW WASHES SAIN AREA WITH Corner Trevels. Date of Last Blockage A Back up Surcharge at this location		J'
Method Used: CREW WASHED Spill AREA WITH Owner Trevels Structure		7.05
Method Used: CREW WASHES SON AREA WITH Compo Tends Str. Date of Last Blockage Back up Surcharge at this location	Was area of By-Pass cleaned of debris?	Yes No
Date of Last Blockage Masked Surcharge At this location Masked With Surcharge At this location A	and the second	and some of the service of the servi
Date of Last Blockage Back up Surcharge at this location	Method Used: CREW WAS.	NED DAIL HIKER WITH DINGS TRIVER 1 XX
Date of Last Blockage Back up Surcharge at this location		
	Date of Last Blockage Back up Back up	Surcharge at this location The Surcharge

and the second s			
Data /Time		BY-PASS NOTIFICATION LOG	
Date/Time	a written re	shall notify DEP within 2 hours of becoming aware of the bypass an eport within 5 days.	d shall submit
Date N	Time	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section a (860) 424-3704	
10/13/13	10009 Pa	CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES *** *** *** ** ** ** ** ** *	13-06457
		** Remind dispatch to notify Aquaculture if after hours/weekend	
NA		CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377	
		SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	
NX		CT Dept. of Health (860) 509-7333(Drinking Water Section) - thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Midd Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	Monday Bristol, Cheshire, letown, North Haven,
MA		Name of person contacted CT Dept. of Public Helath (860)509-7296 (Recreation Section)	NX
	· · · · · · · · · · · · · · · · · · ·	notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30. Name of person contacted	RWA-Hamden 401-2630
10/13/13	10:13 P	Local Health Department or Regional Health District Name of person contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
io[13]13 10]14]13	10:15 fr 10:17 fr 0 f	Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants) Health Director of Town Downstream (Inland Plants) HEALT MILE STEE ANGEL (ELV): - NESSICE	 East Shore Health (203) 481-4233 West Haven Health Eric Triffin (203) 937-3660

Time Date Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 15:03 (If south of 195) Fax to Local Health Department or Regional Health District 5:00

(203) 946-6509 fax (203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Signature:

Title:

Date:





lity or Town	n: <u>New</u>	HAI	IEN .		•		
D P2	pass aw Sewage isinfected Raw Sewage artially Treated Sewage isinfected Partially Treated Raw udge Spill ther: pass eatment Plant imp Station		Cause of B	y-Pass Weather Conditions Mechanical Equipme Electric Utility Failur Electrical Equipment Approved Shutdown Limited Capacity: sewer line due to: Roots	e Failure	dry we	
	more in the contract of the co	EAS	TERN ST NEW HA	WEN			
ate and Tim	e By-Pass was Discovered:	10	1/3/13	9:15 Pm			
1	e By-Pass was Stopped		0/13/13	9:15 Pm 9:58 Pm			
ow By-Pass	was Discovered:	<u> 100</u>	PSIDENT CAMED IT	12/.			
uantity/Volu	ume of By-Pass: LESS	THES	100 Gillony	-			· .
ow Ouantity 10/15/201	/Volume was Determined 3 15:06 2034665287	ہسبج	CH2MHILL	ran 1			P.001
	*	**	**************************************	***			
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE		RESULT
4243	TX ECM	001	CT DEP	10/15 15:02	002	ок	00'31
	TX ECM	002	918604244067 CT AQUACULTURE 92037839976	10/15 15:03	002	ок	00'28
	TX ECM	003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	ок	00'27





City or Town: NEW HAVEN	
Type of By-pass	Cause of By-Pass Weather Conditions
Raw Sewage	Mechanical Equipment Failure Electric Utility Failure
Disinfected Raw Sewage Partially Treated Sewage	Electrical Equipment Failure
Disinfected Partially Treated Raw Sewage	Approved Shutdown
Sludge Spill	Limited Capacity: dry weather
Other:	wet weather
Location of Bypass Treatment Plant	Blockage of sewer line due to: X Grease Roots Other:
Pump Station	**
Manhole Lateral Basement	
Main Private	
Exact Location of By-Pass: 315 EASTERN	ST NEW HAVEN
Date and Time By-Pass was Discovered: 10/13/13	9:15 Pm 9:58 Pm
Date and Time By-Pass was Stopped 10/13/13	3 9:58 Pm
. w By-Pass was Discovered: <u>RESIDEI</u>	NT CAPTED IT JAV.
Quantity/Volume of By-Pass: LESS THAN 100	Gillows
How Quantity/Volume was Determined: ###	ESTIMOTE BY CHEW
If Equipment Failure, date of last inspection, maintenance of	r repairs
Receiving Waters (If Applicable)	
Steps taken to minimize volume and duration of By-Pass:	JET SANITARY SEWER
Action taken to eliminate By-Pass: \(\sum_{ET} \in S, \)	ANTAMY SZWELL
Steps taken to prevent recurrence of By-Pass:	On JETHIL OF SANITARY SEWER
Was area of By-Pass cleaned of debris?	
Method Used: CREW WASHED 3P1.	M AREA WITH OMBO TRUCK.
Date of Last Blockage Back up Surch	nargeat this location

	Date/Time		
)	Date	Permittee shall notify DEP within 2 hours of becoming aware of the bypass and sa written report within 5 days. Time	shall submit
75-74	10/13/13	* If Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704 10:09 [CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	3-03497
Required	N/W	** Remind dispatch to notify Aquaculture if after hours/weekend CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
2 Hours Notification Required		*** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	
2 Hours N	N/A		fonday dristol, Cheshire, down, North Haven,
	N/A	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30. Name of person contacted	RWA-Hamden 401-2630
	10/13/13	10:13 Pr Local Health Department or Regional Health District	203) 946-8173 NH+EH VHD (203) 248-4528 amden only
າ 5 days		(2) P—Health Director of Town Downstream (Inland Plants) (2) O GENERAL MINITED (AND LESSE Name of person contacted 2.	East Shore Health 203) 481-4233 West Haven Health ric Triffin
Final Report within 5	10/15 /	Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195) Fax to Local Health Department or Regional Health District (2	203) 937-3660 203) 946-6509 fax 203) 483-6894 fax 203) 248-6671 fax
Final	Report Subm Signature:	itted by: Conthony Florica Title: Coll Man Ce Fraille Date: 10/15/13	na ger





lity or Town	e New	H41	IEN .	,			
Di Pa Di SI Oi ocation of By Tr Pu Mi	aw Sewage Isinfected Raw Sewage Isinfected Partially Treated Raw Isinfected Raw Sewage I	Sewage	Blockage of s	y-Pass Weather Conditions_ Mechanical Equipme Electric Utility Fallur Electrical Equipment Approved Shutdown Limited Capacity: sewer line due to:Roots	Failure	fry weat	
xact Locatio	on of By-Pass: 3/5	EAS	TERN ST NEW HA	red			,
ate and Tim	e By-Pass was Discovered:	10	13/13	9:15 Pm 9:58 Pm	*****		
cts and Tim	e By-Pass was Stopped		0/13/13	9.58 Pm			
ow By-Pass	was Discovered:	R	PLIDENT CAPED IT I	al.		_	, •
uantity/Volu	ume of By-Pass: <u>LESS</u>	THA:	U 100 Gillong		÷	-	
ow Ouantity 10/15/201	/Volume was Determined 3 15:06 2034665287	g	CH2MHILL	MAK 1			P.001
	:	***	**************************************	***			
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE]	RESULT
4243	TX ECM	001	CT DEP	10/15 15:02	002	ок	00'31
	TX ECM	002	918604244067 CT AQUACULTURE 92037839976	10/15 15:03	002	ок	00'28
	TX ECM	003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	ОК	00'27





City or Town:	EASP HAVEN	VIST
Type of By-pass	_	Cause of By-Pa Weamer Comment
➤ Raw Sewage	a	Mechanical Equipment Failure
	Raw Sewage	Electric Utility Failure
	eated Sewage	Electrical Equipment Failure
The state of the s	Partially Treated Raw Sewage	Approved Shutdown
Sludge Spill	-	Limited Capacity:dry weather
Other:		wet weather
Location of Bypass		Blockage of sewer line due to:
Treatment P	lant	☐ GreaseRootsOther:
Pump Statio	n	
X Manhole	LateralBasement	
Main I	Private	
Exact Location of By-l	Pass: <u>Swamp Betwee</u>	N KENNETH ST + PROTO DR EH
Date and Time By-Pas	s was Discovered: 6/8/13	3:30 Pm
Date and Time By-Pas	s was Stopped (/8//	7:15 Pm
riow By-Pass was Disc	covered: Clew L	HECLED SONITARY AFTER ROIN EVENT
HEW JETTED A	Surchances MH Causing in	rection.
Quantity/Volume of B	y-Pass: 500 Gallows	
How Quantity/Volume	was Determined: FELD ES	STIMATE BY CREW
If Equipment Failure,	date of last inspection, maintenance	or repairs
Receiving Waters (If A	Applicable) <u>Swam</u> p	BETWEEN KENNETH & PROTO DR EH
Steps taken to minimiz	ze volume and duration of By-Pass:	JET SANITARY SEWER.
Action taken to elimin	ate By-Pass: JET Su	MITANY SEWER
Steps taken to prevent	recurrence of By-Pass:	PM JETTINE of SANITAM SEWER
s area of By-Pass c	leaned of debris?	Yes No
Method Used:	Chew Applied Lyme	TO THE AIREA
Date of Last Blockage	Back upSure	charge at this location

BY-PASS NOTIFICATION LOG

	Date/Time								2	
		Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit								
		a written re	report within 5 days.							
	Date	Time								
	N/A		•				imary DEP Co	•		
ı			* If Ilian	na Ayala is	not available	e, call Munic	cipal Facilities	Section a	t:	
			(860)42	24-3704						
	.4.1	Ocas A							طاکای د	
ļ	6/8/13	8121 Pm	CT DEF	P (860) 424	-3704 [(860)	424-3333 a	ifter hours disp	oatch]	3-10	
	•		DO NO	T LEAVE	VOICE MA	ALL MESSA	AGES ·		2013-2886	
			#1	204						
							person contact			
			** Rem	ind dispate	h to notify A	quaculture i	f after hours/w	eekend		
	6/8/13	Ciado	CT A	14	:-::-: (000)	074 0C0C #	**	0.4.20		
	5/18/18	8:09 m					** Opt 2 M-F			
			-	-			state Route 95			14
						Kristin Frai	nk @ (203) 20	9-4023 or	•	
				- '	3) 383-0377					
			L.		_		VE A MESSA			
			<u> Aliua</u>	DRIGAH -	-HESIAGE	Name of	person contact	ted		
	1.1.		OT D	4 - 61114	. (960) 50	n #222/ID.::-	. Lina Watan Ca		Manual	
-		***************************************		t. of Health	` /	~	iking Water Se	•	Monday	
1				•			in the following	•	Bristol, Cheshire, letown, North Have	ın
			-				non and Woo		ietowii, Nortii Have	ir 1 ₁
			MOINAIN	i, Magonoi	a, Onchon, O		person contact			
	3 3						person contac	.ca	1	
,	lololis	8:44 Am	CT Dep	t. of Public	Helath (860)509-7296 (Recreation Sec	ction)	λ / ν	
-	×//-/				, ,		occurred from	-	RWA-Hamden	
	45		-	September	-	- X		•	401-8630	
			Jos	SEPH U)	TCHE!	Name of	person contact	ted		
							• :		(203) 946-8173 NH+	+EH
	6/8/13	8:28 Pm	Local H	lealth Depa	rtment or Re	gional Healt	th District		QVHD (203) 248-45	
	4141		PAUL				person contact	ted	Hamden only	
			- FRITT	COMPORT	- INC MARK		porson contino	•	. van vaar van y	
9	0813	8:33 P~	Health I	Director of	Contiguous ?	Fowns (Cost	tal Plants Only) or	1. East Shore Hea	alth
1	1.18/13				Town Downs			•	(203) 481-4233	
'	יוויוט		GENER				person contac	ted	2. West Haven He	ealth
		(1)		en lewis-					Eric Triffin	
									(203) 937-3660	
	Date	Time								
	6/1/13	14:52	-		ana Ayala (8	•				
	6/11/13	14:51	-	•	lture (203) 78		(If south of I			
	6/11/13	14:53	Fax to I	ocal Healt	h Departmen	t or Regiona	al Health Distr	ict	(203) 946-6509 fa	
	1	•					0) ((1) (1) ((1)	.12- '	(203) 483-6894 fa	
							MAHD Mapa	+Hamden	(203) 248-6671 fa	X
	Report Subr	nitted by:	Any	1 1	 	Title	a. C.11	Mari	- 0 PM	
	Acport Shor	muca oy.	7 11/11	nony T	TORILLO	1 1110	· () 0 (1	i iama	2401C	
	Signature:		138	F. C. 4	16	Date	: //	1/12		
			1	LASTURE	/vQ		· 6/10	$\gamma \sim$	**************************************	





y or Town:	E	ASP	HAVEN					
pe of By-pa	ass			Cause of E	By-Pass Weather Conditions			
Pz Pz Di Sl	w Sewage sinfected Raw Sewage rtially Treated Sewage sinfected Partially Treated I udge Spill ther:	Raw Se	wage	Blockage	Mechanical Equipme Electric Utility Failur Electrical Equipment Approved Shutdown Limited Capacity: f sewer line due to:	e Failure	dry we	ather
Tr Pr X M M	eatment Plant imp Station anhole Lateral ain Private	Baseme		<u></u> ★ Greas	Roots	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ne By-Pass was Discovere		6/8/13		3:30 Pm			
	e By-Pass was Stopped	, 	(/8/13		7:15 Pm			
ow By-Pass	was Discovered:	MA		reflow.	y differ Rose	Even	5	
,,,,,	at.	-	Bellows					
ow Ouantit 06/11/201	v/Volume was Determine 3 14:54 2034665287		fiers est	impte By CRE CH2MHILL	અ :	- 4		P.001
		:	* BROADO	************************************	***			
JOB NO.	MODE	1	NO. DEST	NATION TEL/ID	START TIME	PAGE		RESULT
3826	TX	ECM (001 CT AQUA	ACULTURE 39976	06/11 14:51	002	ок	00'29
	TX	ECM	OO2 CT DEP 9186042		06/11 14:52	002	ок	00'30
7774	TX	ECM (VENHEALTHDEPT	06/11 14:53	002	ок	00'30





City or Town:	EASP HAVEN		
Type of By-pass	XX	Cause of By-Pass Weather Conditions	
★ Raw Sewage		Mechanical Equipment Failure	
Disinfected Raw S	ewage 7	Electric Utility Failure	
Partially Treated S		Electrical Equipment Failure Approved Shutdown	
	lly Treated Ray Sewage	Limited Capacity:dry w	eather
Sludge Spill	7 - 3	the state of the s	eather
Other:		Blockage of sewer line due to:	
Location of Bypass Treatment Plant		★ GreaseRootsOther:	13
Pump Station			
Manhole L	ateralBasement		
Main Private			
Exact Location of By-Pass:	Swamp BETWEEN	KENNETH ST & PROTO DA EH	_
Date and Time By-Pass was	s Discovered: 4/8/13	3:30 Pm	
Date and Time By-Pass was		7:15 Pm	
Frow By-Pass was Discover	red: CHEW CHEC CHARCES MH CAUSING MER	lead Sonitary Afren Rein EVENT	-
CHEN JELLES A JAK	SPACES 1411 DAVISION S		
Quantity/Volume of By-Pa	ss: 500 Gallons		
			- /-
	District Constant	mater A. Mary)	
How Quantity/Volume was	s Determined: PIELS ESIN	nate By CREW	- (4
)	
If Equipment Failure, date	of last inspection, maintenance or r	repairs N/h	Janes State of the
ir izquipment i antico, cato	Trade map de mary and a mary and		-35
Receiving Waters (If Appl	licable) Swamo	BETWEEN KENNETH & PROTO DR EL	
	•	1 6	At the second
Steps taken to minimize ve	olume and duration of By-Pass:	JET SANITANY SEWER.	- North
*		<u>'</u>	1960.
	1 0	Con una	
Action taken to eliminate	By-Pass: JET DAM	FAMY SEWER	
Steps taken to prevent rec	aurrence of By-Pass:	on JETTINE of SANITAM SEWER	
s area of By-Pass clea	ned of debris? ✓ Y€	es No	W. L.
		7 1041	Dr. Will
Method Used:	Chew Applied Lynne I	o THE ANEA	
Date of Last Blockage	Back up Surch	argeat this location	

Signature:

Date/Time		BY-PASS NOTIFICATION LOG	
Date	a written re Time	shall notify DEP within 2 hours of becoming aware of the bypass ar port within 5 days.	nd shall submit
N/n	:	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	
6/8/13		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	2013-2886
		** Remind dispatch to notify Aquaculture if after hours/weekend	
6/8/13	k K	CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	•
N/m	-	Name of person contacted CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Monday
	[hru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Midd Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted	Bristol, Cheshire,
6/10/13	'n	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 hrough September 30. Name of person contacted	N/k RWA-Hamden 401-2630
6/8/13		ocal Health Department or Regional Health District Oaul Coward: - HESSAGE Name of person contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
() (8) 13 () (8) 13 Date	8:31 Ph 1	lealth Director of Contiguous Towns (Costal Plants Only) or lealth Director of Town Downstream (Inland Plants) ENERA! MAIL BOX HESSAGE Name of person contacted Aucera Lewis-Hessage	1. East Shore Health (203) 481-4233 2. West Haven Health Eric Triffin (203) 937-3660
6/11/13 6/11/13 6/11/13	<u>14:52 </u>	ax to CT DEP, Iliana Ayala (860) 424-4067 ax to CT Aquaculture (203) 783-9976 (If south of 195) ax to Local Flealth Department or Regional Health District	(203) 946-6509 fax (203) 483-6894 fax
Report Subm	itted by: /	Anthony Fiorius Title: Coll Many	(203) 248-66/1 tax
Signature:	-4-	AFriendlo Date: 6/10/13	7

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Hiana Ayala, 79 Elm Street, Hartford, CT 06106-5127





City or Town: New HAVE	eN
Type of By-pass Raw Sewage Rrin Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sewage Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Manhole Lateral Basement Main Private	Cause of Bv-Pass Conditions HeAvy RAII al Equipment Failure tility Failure Equipment Failure Shutdown lapacity: dry weathe wet weathe e due to: Grease Roots Other:
Exact Location of By-Pass: 1 Union	Ave, New HAVEN
Date and Time By-Pass was Discovered: 6/2	3/11 2:45 pm
Date and Time By-Pass was Stopped 6/23	3:02 pm
w By-Pass was Discovered:	dent called in -manholes
Quantity/Volume of By-Pass: 30,800 9A	combined w/ RAin water
How Quantity/Volume was Determined: Field of (ain in 1 HR. BypAss	estimate by crew - over 2"
If Equipment Failure, date of last inspection, maintenance	,
Receiving Waters (If Applicable)	g Teland Sornol
Steps taken to minimize volume and duration of By-Pass	to subside
Action taken to eliminate By-Pass: Waw	for rain to subside
Steps taken to prevent recurrence of By-Pass:	continue PM Jetting program
Was area of By-Pass cleaned of debris?	Yes No
Method Used: Rinse And VA	c road area
Date of Last Blockage Back up St	rcharge 🔀 at this location

BY-PASS NOTIFICATION LOG Date/Time Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days. Time Date: /23. 3.44pmCT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704 CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES Name of person contacted** Remind dispatch to notify Aquaculture if after hours/weekend 6/23/11 3:46 prcT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** 10 *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** David Name of person contacted CT Dept. of Health (860) 509-7333(Drinking Water Section) -Monday thru Friday 8:30 to 5PM if bypass occurred in the following towns: Bristol, Cheshire, Danbury, Goshen, Groton, HAMDEN, Manchester, Mansfield, Middletown, North Haven, Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 RWA-Hamden through September 30. 401-2630 Name of person contacted (203) 946-8173 NH+EH 3152pm Local Health Department or Regional Health District Paul Kown/Ski Name of person con QVHD (203) 248-4528 Name of person contacted Hamden only Health Director of Contiguous Towns (Costal Plants Only) or 1. East Shore Health Health Director of Town Downstream (Inland Plants) (203) 481-4233 Name of person contacted Mann 2. West Haven Health Jacyce Eric Triffin (203) 937-3660 Date Time 8:55_{Am} Fax to CT DEP, Iliana Ayala (860) 424-4067 8:56Am Fax to CT Aquaculture (203) 783-9976 SISTAM Fax to Local Health Department or Regional Health District (203) 946-6509 fax (203) 483-6894 fax QVHD Wdbg+Hamden (203) 248-6671 fax nthony Fiorico Report Submitted by: Signature:

Work Orders (No Grouping)

GNHWPCA Protecting the Environment AFTER HOURS log for fine! report time </hr

4/15/2013 (4) hrs

Priority/Type: Emergency/Safety/Compliance /

Work Order COLL-61686

Printed 12/17/2013 - 8:36 AM

Page 1 of 1

 Maintenance Detail 	ls
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Problem:

Requested By: JAB on 4/15/2013 5:29:00

Sewage out of MH (SEWAGE_MH)

Procedure:

Backup Response

(BACKUP_RESPONSE)

Supervisor:

Target:

Shop:

Reason: Sewage out of MH @ 96 STANLEY RD. REPORTED BY HPD

Nasse, Rich OMI

Corrective

Hamden

A HDCUSTOM

36 STANLEY RD (HDCUSTOM-

020676)

Contact: JAB

Phone: (203) 466-5260

Warranty	-	allend his bridge de announce	herrande shakara manada hada hada hada da	
Tasks	Repor	A D		***************************************
# D	Description	Initials	Failed	Complete
FOLLOW	TRAFFIC CONTROL PROCEDURES			
<u>10 A</u>	Arrive at location. Follow safety procedures!			
<u>20 C</u>	Check main line in street to verify if flowing.			
FOLLOW	CORRECT MANHOLE LIFTING PROCEDURE			
30 Je	et line, opening up and downstream manhole covers.	RN		
40 If	f available, notify homeowner/business owner of the current conditions.	RN		<u>K</u>
50 R	Record all information on work order and report back to supervisor.	RN		
60 H	ITL06P0334	RN	I	
70 H	1TL06P0332	RN	F	

Labor	Account	Work Date	Start	End	Reg Hrs	OT Hrs	Other Hrs
Alex, Mark	01.1400.000.5015	4/15/2013			0	4	0
Nasse, Rich	01.1400.000.5015	4/24/2013			0.25	0	0
Pantera, Vinny	01.1400.000.5015	4/15/2013			0	4	0

Labor I	Report ———			
Comple	4/15/2013 ted: <u>11:45:00 AM</u>	_ Failure:	SURCHARGED_SYS / Surcharged System	_
Report:	crew checked the city flow. there was no dan property. the DEEP was notified	nage to	backed up. sewage was coming up the	ough the MH cover. the crew jetted the line and restored





ty or Town	EAST HAY	IEN			··········	•	
D Pa	aw Sewage isinfected Raw Sewage artially Treated Sewage isinfected Partially Treated Raw adge Spill ther: ypass reatment Plant ump Station [anhole Lateral Base fain Private	ement	<u>≯</u> Grease	Weather Conditions_ Mechanical Equipment Electric Utility Failun Electrical Equipment Approved Shutdown Limited Capacity: F sewer line due to: Roots	e Failure v	lry wo	rather rather
(act Location	on of By-Pass: 22		DR EAST HAVEN				•
ate and Tin	ne By-Pass was Discovered:	12	2 13	6:20 Pm			
	ne By-Pass was Stopped	***	1/13	6:20 Pm 6:50 Pm			
ow By-Pass	s was Discovered:	EAS	T HAVEN POLICE CO	hed it in			i
uantity/Vol	ume of By-Pass: 0	o Gal	lans .				•
	y/Volume was Determined: 13 12:33 2034665287	Fie	LD ESTIMATE BY CO	SEM .			P.001
	*	***	**************************************	***	,		
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE		RESULT
4416	TX ECM	1	CT AQUACULTURE	12/04 12:30	002	ок	00'27
	TX ECM	002	92037839976 CT DEP 918604244067	12/04 12:31	002	ок	00'29
	TX ECM	003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	ок	00'29





City or Town: EAST HAVEN	
Type of By-pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Seward Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Main Private Exact Location of By-Pass: 22 VIST	Limited Capacity:dry weatherwet weather Blockage of sewer line due to:Other:
Date and Time By-Pass was Discovered:	12/2/13 6:20 Pm How 2/2/13 6:50 Pm 445
Date and Time By-Pass was Stopped	2/2/13 6:50 Pm Was
1. V By-Pass was Discovered:	AST HAVEN POLICE CALLED IT IN ESTIMA
Quantity/Volume of By-Pass: 100 &	allows
How Quantity/Volume was Determined:	IEUD ESTIMATE BY CREW
If Equipment Failure, date of last inspection, main	ntenance or repairs N/n
Receiving Waters (If Applicable)	N/A
Steps taken to minimize volume and duration of E	By-Pass: JET SANITARY SEWER
Action taken to eliminate By-Pass:	LET SANITAMY SEWER
Steps taken to prevent recurrence of By-Pass:	PM JETTING OF SANITARY SEWER
Was area of By-Pass cleaned of debris?	Yes No
Method Used: Clew WASHED DOV	VN THE ROAD - NO DEBRIS TO COLLECT.
	Surchargeat this location

	Date/Time	BY-PASS NOTIFICATION LOG	
	Date 6//A	Permittee shall notify DEP within 2 hours of becoming aware of the bypass and shall submit a written report within 5 days. Time	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*	
		* If Iliana Ayala is not available, call Municipal Facilities Section at: (860) 424-3704	
	1.11		
	12/2/13	6:58 Pm CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	
Ö		DO NOT LEAVE VOICE MAIL MESSAGES	
2 Hours Notification Required		# 203 Name of person contacted**	
eq		** Remind dispatch to notify Aquaculture if after hours/weekend	
Ř	1થર્ચાય		
Z	1.5	7:01 fact Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
Ę.		*** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or	
ca		Alissa Dragan (203) 383-0377	
星		SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	
<u>ठ</u>		Name of person contacted	
Z	1/4		
<u> </u>		CT Dept. of Health (860) 509-7333(Drinking Water Section) - Monday	
ಠ	1	unu rinday 8:30 to 5PM if bypass occurred in the following towns: District Los	
I		Danbury, Goshen, Groton, MAMDEN, Manchester, Mansfield, Middletown, North Haven Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	ι,
~		Name of person contacted	_
-	1 1/2	1 31/6	
	- NA	CT Dept. of Public Helath (860)509-7296 (Recreation Section)	
		notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 RWA-Hamden	-
		through September 30.	
		Name of person contacted	J
	12/2/13	7:03 Pm Local Health Department or Regional Health District QVHD (203) 946-8173 NH+E	Ð
····		VAN Republic V	}
	1.1		
Gays ⊕ ⊕	12/2/13	7:04 (20 Health Director of Contiguous Towns (Costal Plants Only) or 1. East Shore Health	1
Z (3)	12/4/13	Health Director of Town Downstream (Inland Plants)	
		O GENERAL MAIL DOX MESSAGE Name of person contacted 2 West House Hard	th
Ξ		2 MAYNEEN LEWIS - HEGINGS Eric Triffin	
3	Date Ti	me (203) 937-3660 .	
S		Fax to CT DEP, Iliana Ayala (860) 424-4067	
		Fax to CT Aquaculture (203) 783-9976 (If south of 195)	
2		Fax to Local Health Department or Regional Health District (203) 946-6509 fax	
ָּבָּי <u> </u>		(203) 483-6894 fay	
		QVHD Wdbg+Hamden (203) 248-6671 fax	
	Report Submitte	ed by: Anthony Froncies Title: Coll, Managen	
	Signature:	Attorillo Date: 19/2/12	





y or Town:	EAST HAY	ven				٠	•
Di Pa	ow Sewage isinfected Raw Sewage utially Treated Sewage isinfected Partially Treated Raw udge Spill ther:	Sewage	I I	-Pass Weather Conditions_ Mechanical Equipme Electric Utility Failur Electrical Equipment Approved Shutdown Limited Capacity: sewer line due to:	e Failure	dry weat	
Y M	eatment Plant mp Station anhole Lateral Base ain Private	ement	DR EAST HAVEN	Roots	_Other:		
ate and Tim	ne By-Pass was Discovered: ne By-Pass was Stopped	<u> 12</u>	12/13	6:20 Pm 6:50 Pm			
uantity/Vol	y/Volume was Determined:	O GA	ELD ESTIMATE BY CA				
12/04/201	8	***	CH2MH1LL ****************** BROADCAST TX REPORT ***********	***			P.001
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	I	RESULT
4416	TX ECM	001	CT AQUACULTURE	12/04 12:30	002	ок	00'27
***************************************	TX ECM	002	92037839976 CT DEP 918604244067	12/04 12:31	002	ок	00'29
	TX ECM	003	EASTHAVENHEALTHDEPT 92034836894	12/04 12:33	002	ок	00'29



City or Town:	NEW	HAVEN		margin S. C.	
Time of Dir none	<u>-</u>		Cause of By-Pass		- Kin
Type of By-pass	•		Weather Cond		Margar ""
Raw Sewage			Mechanical E	quipment Failure	· · · · · · · · · · · · · · · · · · ·
Disinfected R	aw Sewage		Electric Utilit	y Failure	• *
Partially Trea				ripment Failure	
	artially Treated Raw	Sewage	Approved Sh		
Sludge Spill	·	- - (*	Limited Capa		
Other:		**************************************		wet we	eather
Location of Bypass			Blockage of sewer line du	e to:	
Treatment Pl	ant		GreaseRoots	Other.	*}
Pump Station	1	100	· · · · · · · · · · · · · · · · · · ·		•
Manhole		ment () \ \	\mathbf{r}_{i_j}	1 00	36
Main P	rivate	"~ (T P 6	ta.1	Nc	<i>/</i> \
	0.0		NEW HAVEN	REC	of DING
Exact Location of By-P	ass: <u>3/5</u>	ENSTERM ST	NEW ARIEN	(\	eritou
Date and Time By-Pass	s was Discovered:	10/13/13	9:15	-Pm Wh	DEACHES
,			9:58	0 1	4 0.">
Date and Time By-Pass	s was Stopped	10/13/13		MP.	ORDING ETHER REACHES TERS
By-Pass was Disc	overed:	RESIDENT	CAMED IT JAI.		••
Quantity/Volume of By How Quantity/Volume			Nows	,	- - -
If Equipment Failure,	date of last inspection	on, maintenance or repa	iirs	441	BALL OUT
		. La		УI	E CEOUD
Receiving Waters (If A	Applicable)	NIN			- RESPOND
Steps taken to minimize	ze volume and durat	tion of By-Pass:	JES SAWITAR	y server	- 308 and
Action taken to elimin	ate By-Pass:	VET SAW	TAM BEWEL		- Chief
Steps taken to prevent	recurrence of By-P	ass: <u>An</u>	DESTINE OF S	ANITONY SEWE	3 343
Was area of By-Pass of	leaned of debris?	YesY	No		- SPORT
		- 1.1	1000		SPIN
Method Used:	CREW 1	WASHED BAITH	MREA WITH BING	o TRNOG.	- 1. Stirm
Date of Last Blockage	Back up	Surcharge	at this location	- MERY	H

Date/Time	BY-PASS NOTIFICATION LOG	
Date j	Permittee shall notify DEP within 2 hours of becoming aware of the bypass and a written report within 5 days. Time	shall submit
10/13/13	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section at (860) 424-3704 10:09 CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	
tyry.	DO NOT LEAVE VOICE MAIL MESSAGES # 10.7 Name of person contacted** ** Remind dispatch to notify Aquaculture if after hours/weekend	13-05497
NA	CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 or Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	egight ************************************
NJA	CT Dept. of Health (860) 509-7333(Drinking Water Section) - thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, MAMDEN, Manchester, Mansfield, Middle	Monday Bristol, Cheshire, etown, North Haven,
NA	Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.	RWA-Hamden 401-2630
olis/13	10:13 PLocal Health Department or Regional Health District	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
6]13/13 9/14/13	10:17 P—Health Director of Town Downstream (Inland Plants) O GENERAL MILL NAME OF person contacted O MANGER LEWIS - NESSAGE	1. East Shore Health (203) 481-4233 2. West Haven Health Eric Triffin
ate	Fime 50.7 Fay to CT DEP Illiana Avala (860) 424 4067	(203) 937-3660

DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195) Fax to Local Health Department or Regional Health District 5:00

(203) 946-6509 fax

(203) 483-6894 fax

QVHD Wdbg+Hamden (203) 248-6671 fax

Report Submitted by:

Signature:

Title: Date:





lity or Tow	m: Neu	1 H4	VEN	:	•		
S C C C C C C C C C C C C C C C C C C C	pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Rav Bludge Spill Other: ypass reatment Plant ump Station		Cause of E	By-Pass Weather Conditions Mechanical Equipment Electrical Equipment Approved Shutdown Limited Capacity: sewer line due to: Roots	re t Failure	e dry we wet we	
xact Location	on of By-Pass: 3/6	EA	STERN ST NEW W	quer			
ate and Tin	ne By-Pass was Discovered:	10	13/13	9:15 Pm			
	e By-Pass was Stopped was Discovered:	<u></u>	0/13/13 PLIDENT CAPIED IT.	9:15 Pm 9:58 Pm			·
		THA:	U 100 Gedlows				
ow Ouantity 10/15/201	/Volume was Determined 3 15:06 2034665287	<i>9-</i>	CH2MHILL	FAK 1			P.001
	я	:**	**************************************	***			
JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	Τ	RESULT
4243	TX ECM	001	CT DEP	10/15 15:02	002	ОК	00'31
	TX ECM	002	918604244067 CT AQUACULTURE 92037839976	10/15 15:03	002	ок	00'28
	TX ECM	003	NEW HAVEN HEALTH DEP 92039466509	10/15 15:05	002	ок	00'27





City or Town: NEW HAVEN	
Type of By-pass	Cause of By-Pass
Marie Company	Weather Conditions
Raw Sewage	Mechanical Equipment Failure
Disinfected Raw Sewage	Electric Utility Failure
Partially Treated Sewage	Electrical Equipment Failure
Disinfected Partially Treated Raw Sewage	Approved Shutdown
Sludge Spill	Limited Capacity: dry weathe
Other:	wet weather
Location of Bypass	Blockage of sewer line due to:
Treatment Plant	X GreaseRootsOther:
Pump Station	
Manhole Lateral Basement	
Main Private	
Exact Location of By-Pass: 315 EASTERN	ST NEW HAVEN
Date and Time By-Pass was Discovered: /0/13/13	9:15 Pm
la la	9.58 Pm
Date and Time By-Pass was Stopped /0//3//	<u> </u>
. w By-Pass was Discovered: <u>RESIDE</u>	NT CAPTES IT JAV.
Quantity/Volume of By-Pass: LESS THAN 100	Gidlans
How Quantity/Volume was Determined: ユーディン	ESTUMATE BY CHEN
If Equipment Failure, date of last inspection, maintenance of	or repairs
Receiving Waters (If Applicable)	
	1
Steps taken to minimize volume and duration of By-Pass:	JET SANITARY SEWER
Action taken to eliminate By-Pass: \(\sqrt{2\tau} \)	MUITAMY BZQUEL
Steps taken to prevent recurrence of By-Pass:	Pm JESTING OF SANITARY SEWER
Was area of By-Pass cleaned of debris?	ves No
Method Used: CREW WASHED SPI	M AREA WITH Comoo Teveles
Date of Last Blockage Surch	

Signature:

Date/Time	BY-PASS NOTIFICATION LOG	
Permitte	e shall notify DEP within 2 hours of becoming aware of the bypass ar report within 5 days.	nd shall submit
N/#	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)* * If Iliana Ayala is not available, call Municipal Facilities Section (860) 424-3704	
10/13/13 10:09	CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	013-05497
	** Remind dispatch to notify Aquaculture if after hours/weekend	
N/A	CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30 *** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 o Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE*** Name of person contacted	г
N/M	CT Dept. of Health (860) 509-7333(Drinking Water Section) - thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Midd Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	Monday Bristol, Cheshire, dletown, North Haven,
NA	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30. Name of person contacted	RWA-Hamden 401-2630
10/13/13 10:13P	Local Health Department or Regional Health District Manue of person contacted Name of person contacted	(203) 946-8173 NH+EH) QVHD (203) 248-4528 Hamden only
10/3/13 10:15 (1- 10/13/13 10:17 0 0 0 /2 Date Time	Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants) Server May be the Same Name of person contacted formers) (KW): - Wesself	1. East Shore Health (203) 481-4233 2. West Haven Health Eric Triffin (203) 937-3660
10/15 15:02 10/15 15:03	Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195)	

10/15 15:05 Fax to Local Health Department or Regional Health District (203) 946-6509 fax (203) 483-6894 fax QVHD Wdbg+Hamden (203) 248-6671 fax Report Submitted by: Continuo Title: Coll Management

Submit Completed Report to either by fax or by mail: State of CT, Dept of Environmental Protection, Water Bureau - Attention: Iliana Ayala, 79 Elm Street, Hartford, CT 06106-5127

Date:

BY-PASS NOTIFICATION LOG

Date/Time	2		•
	Permitte	e shall notify DEP within 2 hours of becoming aware of the bypass a	nd shall submit
	a written	report within 5 days.	THE OTHER CUDITIE
Date	Time	,	
		CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*	
		* If Iliana Ayala is not available, call Municipal Facilities Section	
		(860) 424-3704	at:
		(800) 424-3704	No
		CT DED (960) 424 2704 ((960) 424 2222 C T T T	No coel
		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	· /
ļ		DO NOT LEAVE VOICE MAIL MESSAGES	NEEP
			DEEP WIM JURS
		Name of person contacted**	\mathcal{W}^{N}
		** Remind dispatch to notify Aquaculture if after hours/weekend	MARG
$ \Lambda / \Lambda$		CT A 14 15' ' ' (200) 074 0 (0 (this 0) the same in	0,1,11-3
///		CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
		*** Required only if by-pass is below Interstate Route 95***	
		*** After hours / weekends call Kristin Frank @ (203) 209-4023 o	r
		Alissa Dragan (203) 383-0377	
		SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	
		Name of person contacted	
	۸	•	
5/5/11	3:23 Pn	CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Monday
		thru Friday 8:30 to 5PM if bypass occurred in the following towns:	Bristol, Cheshire,
		Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Midd	Hetown North Haven
		Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	Alotsun, Horar Haven,
		HAZRA RAJBALL: Name of person contacted	(5/5/1)
, ,			3:35 Pm
5/5/11	3:28 Pm	CT Dept. of Public Helath (860)509-7296 (Recreation Section)	GRACE
	,	notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1	i
Α		through September 30.	RWA-Hamden
		· 11 - 41	401-2630
		Name of person contacted	
5-15-11	22000		(203) 946-8173 NH+EH
8 /8/11	570 T W	Local Health Department or Regional Health District	QVHD (203) 248-4528
		GVHD - Miokles Name of person contacted	Hamden only
elelo	335 Pm	Health Director of Contiguous Towns (Costal Plants Only) or	4 5-401 11 19
4 / 4 / / /	2200	Health Director of Contiguous Towns (Costai Plants Only) or	1. East Shore Health
5/5/11	224 LV	Health Director of Town Downstream (Inland Plants)	(203) 481-4233
	<u>(1)</u>	Name of person contacted	2. West Haven Health
	0	CARLA	Eric Triffin
Date	Time		(203) 937-3660
Julio	11110	Fay to CT DED Higgs Apole (960) 404 4067	
	· · · · · · · · · · · · · · · · · · ·	Fax to CT DEP, Iliana Ayala (860) 424-4067	
	· · · · · · · · · · · · · · · · · · ·	Fax to CT Aquaculture (203) 783-9976 (If south of 195)	
		Fax to Local Health Department or Regional Health District	(203) 946-6509 fax
			(203) 483-6894 fax
		QVHD Wdbg+Hamden	(203) 248-6671 fax
Danaus C1	السيديث	1.40	
Report Subm	ntted by:	HAThony FLORUW Title: Coll. Man	99e/
C!		Anthony Fronto Date: 5-6-11	
Signature:		(inthory trouble Date: 5-6-1/	





or Town:									
Raw Disi Part Disi Sluc Oth cation of Byp Tre Pun Ma	Scwage infected Raw Sewage ially Treated Sewage infected Partially Tre dge Spill her:	e eated Raw Se Basem	ent 🔀	M RI EI A) Li Blockage of se Grease	Pass Cather Conditions	ailure dr we	et weat	ther	blem)
act Location	n of By-Pass:	90 1		a AVE	- 11 m /				
		*	· 1.	z-(3.3	2.15 m				
	By-Pass was Disc	•		<u>5- 11 </u>	2:15 fm 3:00 fm				
ow By-Pass	e By-Pass was Disc e By-Pass was Stop was Discovered: ume of By-Pass:	pped	5/ Hon	VEONNER CALLED IT IN 20 GALLONS					
annity/Volu	e By-Pass was Stop was Discovered: ume of By-Pass:	pped LESS	5/ Hon Ta a~	NEOWNER CALLED IT IN				P.00	1
ow By-Pass aantity/Volume	e By-Pass was Stop was Discovered: ume of By-Pass:	ermined a 65287	5/ Hen TD 2~ Um	NEOWNER CALLED IT IN 20 GALLONS MEMBERS ESTIMATE	********			P.00	1
ow By-Pass tantity/Volume 05/06/201	e By-Pass was Stop was Discovered: ume of By-Pass:	emined 365287	5/ Hen TD 2~ Um	MEOWNER CALLED IT IN 20 GALLONS MEMALITZO ESTIMATE CH2MHILL **********************************	********	PAGE		P.00	
ow By-Pass aantity/Volume	was Discovered: ume of By-Pass:	emined 365287	5/ Hon TD 3~ Um *****	MEOWNER CALLED IT IN 20 GALLONS MEMALIAN FST MATE CH2MHILL **********************************	*******		OK		
ow By-Pass dantity/Volume 105/06/201 JOB NO.	e By-Pass was Stop was Discovered: ume of By-Pass: W/Volume was Detected: 1 14:55 20346	emined 665287	5/ Hon Than Un ****** **	MEOWNER CALLED IT IN 20 GALLONS MEMALIAN FSTIMATE CH2MHILL **********************************	********* *** *** *** *** START TIME	PAGE	ОК		





HAMDEN	
y or Town:	Cause of By-Pass
pe of By-pass	Weather Conditions
pe of by public	Mechanical Equipment Failure
X Raw Sewage	Electric Utility Failure
Disinfected Raw Sewage	Electrical Equipment Failure
Transfed Servage	Approved Shutdown
Disinfected Partially Treated Raw Sewage	Approved Studiown dry weather Limited Capacity: wet weather
Sludge Spill	
Other:	Blockage of sewer line due to: Other:
	Blockage of sewer line due to: Grease Roots Other:
ocation of Bypass Treatment Plant	
Manhole Lateral Dasemont	•
Main Private	
	T HAMBEN
Exact Location of By-Pass: 45 Fourth \$	1 PANIOS
Exact Location of Dy	9:10 Pm
B. Pess was Discovered: 3 27 11	**************************************
Date and Time By-Pass was Discovered:	9:45 Pm
Stopped 3/27/1)	
tors - Dy Dace Was Stopped	
I could an	WHER CAMED IT IN
How By-Pass was Discovered:	
Quantity/Volume of By-Pass:	SIGNER BY CREW
How Quantity/Volume was Determined: +) ELS	ESSIMATE BY CREW
How Quantity/Volume was Determined:	52
4 28 (.0 20-	N/*
If Equipment Failure, date of last inspection, maintenance	or repairs
If Equipment Failure, date of the	
V(((If Applicable) N/A	
Receiving Waters (If Applicable)	JET SANITARY SEWER
Steps taken to minimize volume and duration of By-Pass:	JET SAINTE
Steps taken to minimize volume	
	A
Visitata Rys Pass: JET	SANITARY SEWER
Action taken to eliminate By-Pass:	
	PM JETTIME OF SANITARY SEWER
	Um LESTING OV JAINTING
t requirence of By-Pass:	
Steps taken to prevent recurrence of By-Pass:	
Steps taken to prevent recurrence of By-Pass:	
	Yes No
area of By-Pass cleaned of debris?	No
area of By-Pass cleaned of debris?	No
area of By-Pass cleaned of debris?	Yes No
area of By-Pass cleaned of debris?	Yes No

BY-PASS NOTIFICATION LOG

			*
Date/Time	_	and the part of the burger and	chall submit
		shall notify DEP within 2 hours of becoming aware of the bypass and	Shan Sabilin
		eport within 5 days.	
Date	Time	77 77 77 1 1 (060) 404 2759 (D 1 7 7 DED Contact)*	
		CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*	
		* If Iliana Ayala is not available, call Municipal Facilities Section at	: No o
		(860) 424-3704	Cep
			%
		CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch]	DECO
		DO NOT LEAVE VOICE MAIL MESSAGES	-67
		No. 1 of the second of the sec	No coep to DEEP N/in Ohno
		Name of person contacted**	
		** Remind dispatch to notify Aquaculture if after hours/weekend	Thro
/		CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	
NA			
		*** Required only if by-pass is below Interstate Route 95***	
		*** After hours / weekends call Kristin Frank @ (203) 209-4023 or	
		Alissa Dragan (203) 383-0377	
		SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	•
		Name of person contacted	
11.	Oile .	The second secon	Monday
128/1	842 AM	CT Dept. of Health (860) 509-7333(Drinking Water Section) -	Bristol, Cheshire,
		thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, <u>HAMDEN</u> , Manchester, Mansfield, Midd	
		Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock	2 22 15
		Name of person contacted	بدا به اد
		Diverse Indition of person contacted	10:16 Pm
	à.	CT Dept. of Public Helath (860)509-7296 (Recreation Section)	Monn
		notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1	RWA-Hamden
		through September 30.	401-2630
		Name of person contacted	
		Trustic of potent contactes	(203) 946-8173 NH+EH
12-11	Laren D.	Local Health Department or Regional Health District	QVHD (203) 248-4528
1/1/11	TONO YN	Name of person contacted	Hamden only
		Name of person contacted	Hamaon only
1 = 1).	La a D.	Health Director of Contiguous Towns (Costal Plants Only) or	1. East Shore Health
27/11			(203) 481-4233
127 11	10:14 50	Health Director of Town Downstream (Inland Plants) GENERA MAIN BOX MESSAUB Name of person contacted	2. West Haven Health
		Maucen Devis - Message Indine of person contactor	Eric Triffin
	ω	MAUREN DEPOS TO THE STATE OF TH	(203) 937-3660
ate	Time	,	
2-28		Fax to CT DEP, Iliana Ayala (860) 424-4067	
3-28	115800	Fax to CT Aquaculture (203) 783-9976 (If south of I95)	
	1000	Fax to Local Health Department or Regional Health District	(203) 946-6509 fax
3-28	1.07 PW		(203) 483-6894 fax
		QVHD Wdbg+Hamder	•
Report Subi	mitted by:	Anthony Fronce Title: Collections Collections Date: 3-28-11	Mgn
•	•		V
Signature:		atrioullo Date: 3-28-11	





City or Town: EAST HAY	ien
Type of By-pass Raw Sewage Disinfected Raw Sewage Partially Treated Sewage Disinfected Partially Treated Raw Sludge Spill Other: Location of Bypass Treatment Plant Pump Station Manhole Lateral Bases Main Private	Blockage of sewer line due to: Grease Other:
Exact Location of By-Pass: 22	VISTA DR EAST HAVEN
Date and Time By-Pass was Discovered:	12/2/13 6:20 Pm
Date and Time By-Pass was Stopped	12/2/13 6:20 Pm 12/2/13 6:50 Pm
By-Pass was Discovered:	EAST HAVEN POLICE CELLED IT IN
Quantity/Volume of By-Pass: 100	o Gallons
How Quantity/Volume was Determined:	FIELD ESTIMATE BY CHEW
If Equipment Failure, date of last inspection	n, maintenance or repairs
Receiving Waters (If Applicable)	N/A
Steps taken to minimize volume and duration	on of By-Pass: JET SANITARY SEWER
Action taken to eliminate By-Pass:	JET SANITAMY SEWER
Steps taken to prevent recurrence of By-Pas	SS: PM JETTINL OF SANITARY SEWER
W- area of By-Pass cleaned of debris?	¥ Yes No
Method Used: Clew WASHED	DOWN THE ROAD - NO DEBRIS TO COLLECT.
Date of Last Blockage Back up	Surcharge at this location

	<i>3</i> 3			
/ 1	F) . (T)		BY-PASS NOTIFICATION LOG	
	Date/Time Date	Permittee	shall notify DEP within 2 hours of becoming aware of the bypass an eport within 5 days.	d shall submit
	NA	1	CT DEP – Iliana Ayala (860) 424-3758 (Primary DEP Contact)*	
			* If Iliana Ayala is not available, call Municipal Facilities Section a (860) 424-3704	
	12/2/13	6:58 Pm	CT DEP (860) 424-3704 [(860) 424-3333 after hours dispatch] DO NOT LEAVE VOICE MAIL MESSAGES	₀₁₃ -06405
			** Remind dispatch to notify Aquaculture if after hours/weekend	
	12/2/13	7:018	CT Aquaculture Division (203) 874 0696 *** Opt 2 M-F 8-4:30	,
	, ,		*** Required only if by-pass is below Interstate Route 95*** *** After hours / weekends call Kristin Frank @ (203) 209-4023 of Alissa Dragan (203) 383-0377 SPEAK TO SOMEONE / DO NOT LEAVE A MESSAGE***	r
			KRISTIN Name of person contacted	
	N/A		CT Dept. of Health (860) 509-7333(Drinking Water Section) - thru Friday 8:30 to 5PM if bypass occurred in the following towns: Danbury, Goshen, Groton, Manager, Manchester, Mansfield, Midd Norwalk, Ridgefield, Shelton, Stamford, Vernon and Woodstock Name of person contacted	Monday Bristol, Cheshire, lletown, North Haven,
	N/A	·	CT Dept. of Public Helath (860)509-7296 (Recreation Section) notify Mon thru Fri 8:30-5:00 pm if bypass occurred from April 1 through September 30.	RWA-Hamden 401-2630
		•	Name of person contacted	70001.040.0470.1111
1	22/13	7:03 Pm	Aul Health Department or Regional Health District Name of person contacted	(203) 946-8173 NH+EH QVHD (203) 248-4528 Hamden only
1	기기3 기기3	7:07 Pm	Health Director of Contiguous Towns (Costal Plants Only) or Health Director of Town Downstream (Inland Plants) ENERAL MAIL BOX NESSAGE Name of person contacted	 East Shore Health (203) 481-4233 West Haven Health
		.	agreen Lewis - Heranda	Eric Triffin (203) 937-3660
	Date .		Fax to CT DEP, Iliana Ayala (860) 424-4067 Fax to CT Aquaculture (203) 783-9976 (If south of 195)	-
_			Fax to Local Health Department or Regional Health District	(202) 046 6500 fox

Report Submitted by: Anthony Flores Title: Coll, Manager

Signature: Date: 12/3/13

(203) 483-6894 fax